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|--|--|---|-------------------------|-----------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | Docket Number (Optional) 06727/0204018-US0 | | |
| Application Number | 10/002,407-Conf. #1004 | Filed November 15, 2001 | | |
| For SECURITY ROUTER | | | | |
| Art Unit | 2131 | Examiner A. Sherkat | | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | |
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | Fee \$120 | Small Entity Fee \$60 | \$ |
| <input checked="" type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | Fee \$450 | Small Entity Fee \$225 | \$ 225.00 |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | Fee \$1020 | Small Entity Fee \$510 | \$ |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | Fee \$1590 | Small Entity Fee \$795 | \$ |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | Fee \$2160 | Small Entity Fee \$1080 | \$ |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-0100</u> . I have enclosed a duplicate copy of this sheet. | | | | |
| I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>25,351</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ | | | | |
|  <u>S. Peter Ludwig</u> Signature <u>S. Peter Ludwig</u> Typed or printed name | | | | |
| <u>August 30, 2006</u> Date | | | | |
| <u>(212) 527-7770</u> Telephone Number | | | | |
| <small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small> | | | | |
| <input type="checkbox"/> | Total of <u>1</u> forms are submitted. | | | |

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